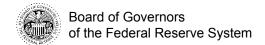
New Employee Data



Personal Data					
Name (Last, First, Initial)	Prefix (Mr., Mrs., Ms., Dr.,	etc.) Date of Birth	Social S	Security Number	First Day of Board Employment
Home Address/Phone (Local) Street	City		State	ZIP	County
Phone Number (include Area Code)					
Mailing Address (if different from Street	home address) City		State/Province	Other Cour ZIP/Postal Code	
Phone Numbers Type (Home, Work, Mobile)	Number (include Area C	Code)	Type (Home, W	ork, Mobile)	Number (include Area Code)
Gender Marital Status Male Female Married Birthdate Birthplace	Divorced	Separated	Single	Widowed	Marital Status Date
Citizenship Status U.S. Citizen (Native) (born in U.S. or a U.S. territory)	U.S. Citizen (Naturalized) (born outside the U.S.)	(Greencan		Alien Temporary H-1B F-1 frty of citizenship:	J-1 Other
Ethnic Group Asian Black	Hispanic	Native American (specify group)		White	Other
Military Status No Military Service Active Reserve	Inactive Reserve	Disabled	Retired	Vietnam Ve	eteran Other Veteran
Education (attach official transcrip	•	Major			Year Earned or Expected
School			S	tate/Province	Country
Degree	Graduated Yes No	Major			Year Earned or Expected
School			S	tate/Province	Country
Degree	Graduated Yes No	Major			Year Earned or Expected
School			S	tate/Province	Country

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Languages (other than Eng	lish)					
Language		Native			Able to Translate	
		Yes	└ No		Yes	L No
Speaking Proficiency		Reading Proficien	су		Writing Proficiency	'
Low Moderate	High	Low	Moderate	High	Low	Moderate High
Language		Native			Able to Translate	
		Yes	No		Yes	No
Speaking Proficiency		Reading Proficien	су		Writing Proficiency	l
Low Moderate	High	Low	Moderate	High	Low	Moderate High
Relatives Employed at the Name (Last, First, Initial)	e Board				Relationship to En	nployee
Name (Last, First, Initial)					Relationship to En	nployee
Name (Last, First, Initial)					Relationship to En	nployee
Primary Emergency Contact Name (Last, First, Initial)	tact				Relationship to En	nployee
Home Address/Phone						USA
Same Address/Phone as Employee	Yes	☐ No				Other Country:
Street		City		State/Province	e ZIP/Posta	al Code County
Home Phone (include Area Code)		Work Phone (inclu	ude Area Code)		Other Phone (inclu	ude Area Code + Type)
Secondary Emergency C Contact Name (Last, First, Initial)	ontact				Relationship to En	nployee
Home Address/Phone						USA
Same Address/Phone as Employee	Yes	□ No				Other Country:
Street		City		State/Province	e ZIP/Posta	
Home Phone (include Area Code)		Work Phone (inclu	ude Area Code)		Other Phone (inclu	ude Area Code + Type)
Employment Data (Management Company Seniority Date	gement Use C Service Date	Only)	Date Last Increase	•	Business Title	
Room No	Mail Stop		Work Phone			
Original Hire Date					High School/GED	Date
FRB Initials (Input)	Date	_		FRB Initials (Verific	ation)	Date
	23.0					